

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001182

1. Entity Name

SULLIVAN MEDIA, L.L.C.

Principal Place of Business

Mailing Address

888 S.E. 3RD AVE., SUITE 501
FT. LAUDERDALE FL 33316

888 S.E. 3RD AVE., SUITE 501
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1074640

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGER, JAMES L
BERGER DAVIS & SINGMAN
350 E. LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE FL 33316

Name FORMAN, M. AUSTIN

Street Address (P.O. Box Number is Not Acceptable)

888 SE THIRD AVE, SK 501

City FT LAUDERDALE

FL

Zip Code 33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/MGR FORMAN, M. AUSTIN 888 SE THIRD AVE, #501 FORT LAUDERDALE FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/MGR SULLIVAN, JIM 888 SE THIRD AVE, #501 FORT LAUDERDALE FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, ALISON 888 SE THIRD AVE, #501 FORT LAUDERDALE FL 33316	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the exclusive trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

92622



DO NOT WRITE IN THIS SPACE

CR2003 (9/01)